J Thoms
First Statement
Exhibits: JT
9 January 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF
JOHANNES THOMS

I, Johannes Thoms, of The Boston Consulting Group UK LLP, 80 Charlotte Street, London, W1T 4DF, will say as follows:

1 I am a Managing Director and Senior Partner at The Boston Consulting Group ("**BCG**"), which is a global strategy consultancy firm. I am a member of the Health Care and Principal Investors and Private Equity practices at the firm. I also sit on the firm's global medical technology leadership team, and the leadership team for the London, Amsterdam, and Brussels system.

2 I provide this statement in response to the request by the UK Covid-19 Inquiry (the "**Inquiry**") under Rule 9 of the Inquiry Rules 2006, dated 30 October 2024, concerning Module 5 of the Inquiry (the "**Rule 9 Request**").

3 I understand the Rule 9 Request relates primarily to BCG's involvement in "Project Defend". In this statement, I describe BCG's role on Project Defend, focusing on our work that concerned the key healthcare equipment and supplies that I understand to be relevant to Module 5 (PPE, Covid-19 testing and ventilators). I also briefly describe BCG's role in Test & Trace and other work for the UK Government relating to the Covid-19 pandemic.

4 As I describe further below, Project Defend was set up by the UK Government to identify and mitigate vulnerabilities in supply chains to the UK of essential goods. BCG supported the Government on Project Defend for three months, between April and July 2020. I understand from public sources that the project was closed in March 2021.

5 BCG's work on Project Defend took place over four years ago. I have done my best to accurately recall our involvement. To refresh my memory, I have reviewed a range

of documents from the relevant time, and I have discussed my recollections with colleagues who were also involved. I have not, however, reread all the materials generated during that time, given their volume and the timescale within which the Inquiry asked that we respond.

6 I was not directly involved in BCG's Test & Trace work, or the other BCG work briefly mentioned in Section H of this statement and so, for that short section, I have relied on information given to me by colleagues who led that work.

7 BCG has provided the Inquiry with a copy of each document referenced in this statement. Documents are cited by their exhibit number (e.g., "**JT/01**") and the unique document reference number which the Inquiry has assigned to them (e.g., "**INQ...**").

A. BCG'S EXPERTISE AND EXPERIENCE RELEVANT TO PROJECT DEFEND

8 BCG provides consulting services across a wide range of sectors and jurisdictions. Our Operations practice has significant expertise in helping both public and private sector clients to build better supply chain management structures and practices, including in the health care sector. In the five years preceding 2020, BCG's global Operations team conducted around 8,200 projects, of which more than 800 focused on supply chain management issues.

9 BCG also has a dedicated Health Care practice with significant experience in helping both public and private sector organisations operating in the health care sector to enhance their competitiveness, reduce costs and improve quality.

10 I personally have over 17 years' experience working across a range of health care sectors, including pharmaceuticals, biotech, medical devices, and in-vitro diagnostics equipment & life-science tools.

B. BCG'S ROLE ON PROJECT DEFEND

11 Project Defend was initiated by the Government in April 2020 and overseen by the then Permanent Secretary for the Department for International Trade (the "**DIT**"), Dame Antonia Romeo. It was set up after the initial response to the pandemic highlighted the need for the UK to safeguard the supply of essential products into the UK economy.

12 BCG participated in a competitive tender process for the role of external consultant for Project Defend and was formally engaged on Monday 27 April 2020.

13 When we were initially approached to pitch for Project Defend, we understood that

the focus of our role would primarily be on PPE and Covid-19 related products. However, by the time of our formal engagement the scope of the work had become considerably broader. Project Defend involved examining critical supply chains to the UK that could become vulnerable due to the changing global economic conditions. Our role was to work with Government departments to rapidly: (i) identify the highest priority critical goods; (ii) assess their vulnerability to supply disruptions; and (iii) assist in developing mitigation plans to ensure their continued supply, both in the context of the pandemic, and for the long term.

14 I understand from the Inquiry's provisional outline of scope for Module 5 that the focus for this module is on the procurement and distribution of key healthcare equipment and supplies. It is important therefore to make clear that Project Defend was focused on supply chain resilience and management issues only; BCG did not advise the Government on procurement in the sense of where, or from whom, to procure these critical goods; nor did we arrange introductions or place the Government in contact with manufacturers of key healthcare equipment and supplies. We also did not advise on the distribution of those goods.

15 Our work on Project Defend was divided into two phases. For Phase 1, we were to work with Government teams to identify the highest priority goods, analyse their supply chain vulnerabilities, and outline potential mitigation strategies. For Phase 2, it was originally envisaged that we would assist the Government in developing a plan for departments to implement the mitigation strategies identified. In due course the scope of Phase 2 expanded, as I explain further in Section G below.

16 The Government initially wanted both phases completed within only four weeks. That timeline subsequently evolved by agreement with the DIT, and we completed Phase 1 on 22 May 2020 **[JT/01**; **INQ000530449]** and Phase 2 on 30 July 2020 **[JT/02; INQ000530454]**. Nevertheless, given the breadth of the work to be completed, it was undertaken at speed. It was acknowledged from the outset that we would look to adopt an 80/20 approach — in the sense of trying to focus on those points which we thought had the capacity to achieve the greatest results — rather than trying to capture everything that might be relevant.

17 The BCG team for Project Defend was led by two Managing Directors & Senior Partners and two Managing Directors & Partners (including myself). We were supported by two full-time consultant teams, with one focused on health-related supply chains and the other on other sectors. I was responsible for day-to-day leadership of the project at BCG and, together with Stuart Quickenden, had joint

oversight of the work that we produced.

C. PHASE ONE OF PROJECT DEFEND

18 Phase 1 of Project Defend spanned less than four weeks. In that time, we worked with Government teams to identify what categories of goods were the highest priority, and to analyse the supply chains for those goods. The speed of this exercise meant that we were pulling together analysis and proposals within just a few days. Of course, much of this work involved drawing on work and analysis already undertaken or in train. By the time of Project Defend, significant work was already underway in different Government departments to address supply chain issues occasioned by the pandemic and as part of the EU exit strategy. The intention was not to try to take over or supersede this work, but rather to work alongside it, drawing on it wherever possible, in trying to build a centralised, strategic framework that could better help Government departments to understand supply chain vulnerabilities across the board, and in particular to identify where potential mitigation actions would be better served by a pan-departmental approach.

19 BCG therefore worked closely with a number of Government departments on the delivery of Project Defend. Day-to-day we primarily reported to Lucy Buzzoni, who was Deputy Director, Business Environment and Supply Chain Projects at the DIT. We also reported to a broader Steering Group, which included representatives from the DIT, No.10, the Cabinet Office, and various other Government departments, including the Department for Business, Energy & Industrial Strategy ("**BEIS**"), and the Department for Health and Social Care ("**DHSC**"). Members of the BCG team met with the Steering Group on Project Defend every Thursday for Phase 1.

20 I outline below the nature of the overall work undertaken in Phase 1, and then address specifically the work undertaken in that phase relating to PPE (Section D), ICU devices (which included ventilators) (Section E) and Covid-19 testing (Section F), which made up three of the 31 supply chains considered in Phase 1.

Identifying the Highest Priority Critical Goods

21 To identify the highest priority goods for the project to focus on, a list of 172 critical goods was compiled, which was based in part on work already undertaken by the Government as part of the EU-exit strategy, as well as other inputs from Government departments **[JT/01; INQ000530449]**. These goods covered a range of industries and sectors, divided into medical product categories and non-medical product categories (such as telecommunications and technology, power generation, oil and

gas, waste and wastewater treatment, and defence related items).

22 The medical product categories were, at the suggestion of the DHSC, largely taken from the "NHS e-class". This is a publicly available classification system for products and services procured by the NHS, which is used to facilitate accurate analysis of NHS expenditure.

23 From that list of 172 products, working with the DIT and other Government departments, 31 supply chains were agreed to be prioritised for assessment, based on the potential impact of disruptions to the supply of those goods on public health, NHS resilience and the economy **[JT/01; INQ000530449]**. These included, for example, human medicines, medical foods, broadband network equipment, mobile network equipment, thermal energy consumables, drinking water treatment, veterinary critical life nutrition feeds, and oil refining catalysts – none of which I understand to be within the scope of this Module 5.

24 Three, however, concerned key healthcare equipment and supplies that I understand form part of the focus of Module 5; namely: (i) PPE; (ii) ICU devices (insofar as this included ventilators) and (iii) Covid-19 testing (viral & antibody). I outline below our overall approach to the analysis of each supply chain in Phase 1, as well as related work undertaken on cross-cutting themes, before summarising our findings for these three categories.

Conducting Vulnerability Assessments

25 For each of the 31 prioritised supply chains, we undertook what we called a 'vulnerability assessment'. This involved assessing the potential for disruption at each stage of the supply chain for the product: namely, 'make', 'supply', 'receive', 'storage', and 'delivery'. To help with categorising and comparing risk levels, we used a traffic light system to classify the potential for disruption, with the options being severe (red), possible (amber) or limited (green). We also considered whether the supply chain would be impacted in certain specific scenarios, (such as border or port closures and labour shortages).

26 Out of the 31 prioritised supply chains, the analysis identified 12 as being the most vulnerable based on four criteria: (i) the likelihood of supply disruption occurring; (ii) the potential severity of that impact; (iii) the expected time horizon of disruption occurring; and (iv) the likely impact on public confidence of a shortage occurring. These 12 most vulnerable supply chains included each of PPE, ICU devices and Covid-19 testing **[JT/01; INQ000530449]**.

Identifying Mitigation Actions

27 For each of the 12 most vulnerable supply chains, we outlined potential mitigation planning actions, which would have included actions already in train. These were actions that could be taken to strengthen supply-chain resilience based on four main pillars: (i) market mechanisms; (ii) trade and international collaboration; (iii) domestic supply chain resilience; and (iv) strengthening and protecting existing UK supply **[JT/01; INQ000530449]**.

Cross-cutting themes

28 In addition to the above work, as part of Phase 1 we also worked with Government departments to look at cross-cutting themes across the different supply chains, specifically looking at supply chain concentration through a country lens and through a product lens, analysing the degree of dependency across different supply chain categories.

29 I summarise below the work undertaken, and mitigations proposed, for each of PPE, ICU devices and Covid-19 testing.

D. PPE

30 By April 2020, it was already well-known that PPE was a high-priority critical good that was vulnerable to global shortages — driven by large spikes in demand and exacerbated by export bans. However, we understood that urgent work was already underway within the Government, supported by a team from Ernst Young ("**EY**"), to address procurement and supply issues in relation to PPE. Everyone was naturally keen to avoid any duplication of work, so it was initially envisaged that short-term supply of PPE be excluded from BCG's mandate.

31 Shortly after BCG was engaged for Project Defend, we agreed with the DIT that BCG would share an initial view on the list of products that could be prioritised within a PPE supply chain analysis. The purpose of this was to help the Government to assess the extent of potential overlap with the work already underway in Government on PPE. We shared that list with the DIT on Saturday, 2 May 2020 **[JT/03; INQ000530427]**.

32 It was subsequently agreed that BCG would incorporate EY's analysis on PPE into a supply chain assessment for PPE. The DIT provided us with a copy of EY's analysis on Saturday, 9 May 2024 **[JT/04; INQ000530429]**. EY's work was focused on the short to medium-term supply of PPE equipment that DHSC then expected to

have a shortfall in by end of July 2020: gloves, eye protectors, and "IIR" (fluid resistant) face masks. The analysis shared with us indicated that EY had analysed the key global markets (excluding China) and top suppliers for the relevant PPE products and made recommendations to the Government on how they could improve short and medium-term supply resilience.

33 The EY analysis provided a helpful data input for the 'make' and 'supply' stages of the higher-level analysis we were undertaking of the entire supply chain. It did not, however, address non-medical grade PPE or respirators, nor the supply chain steps post-manufacturing (i.e., receive, storage and delivery). In the limited time available, we therefore sought to address these in our analysis whilst also recommending that the team working with EY update their analysis and address them in more detail, which work could then be fed back into Project Defend.

34 On Tuesday, 12 May 2020 we provided the DIT with a supply chain assessment for PPE **[JT/05; INQ000530434]**. This analysis was based upon the EY analysis, information shared with us by the DIT, existing BCG work, and research based on public sources. In that analysis, three supply chain stages for PPE were classified as being at risk of severe disruption. These were:

34.1 **Supply:** this was because production of PPE requires raw materials (such as cellulose, rubber, silicone, vinyl, and nitrile), as well as component parts, which come from many different nations. Key input materials also have long lead times and are difficult to grow domestically (e.g., rubber).

34.2 **Receive:** this was because the raw materials and component parts required for PPE were, at that time, produced primarily in the Eastern hemisphere, resulting in large lead times and heavy reliance on global ports.

34.3 **Make:** this was because the UK was heavily dependent on international production, using multiple suppliers internationally. The domestic capacity to produce key goods was, at that time, also highly limited.

35 The analysis highlighted three scenarios that would result in a severe disruption in the supply of PPE, being border closures (given the UK's heavy reliance on foreign imports), port blockages (as shipping was the major transportation mode) and demand spike (it was expected that global demand would potentially outstrip global supply by as early as July 2020).

36 The analysis also outlined proposed mitigation measures for consideration, subject to further input from the separate PPE workstream team. Over 25 potential

mitigation actions were listed. Examples included repurposing domestic manufacturing capabilities, exploring establishing a central sourcing hub with direct links to Southeast Asia and stockpiling PPE in anticipation of further demand spikes.

37 The analysis on cross-cutting themes across the different supply chains in Phase 1, also highlighted that PPE was a high-risk supply chain for potential fraud within the supply chain. This was primarily based on the public reports that the global shortages in the supply of certain products had led to governments around the world needing to contract with new and previously unapproved suppliers **[JT/06; INQ000530436]**.

38 This was the extent of our work on PPE during Phase 1, which was 'handed over' to the PPE workstream on 12 May 2020, save what I briefly note in paragraph 57 below. I do not know what further work on this topic, if any, was undertaken by others.

E. ICU DEVICES (VENTILATORS)

39 In the broader framework of Project Defend, ventilators were classified under the category of "ICU Devices", which in turn was part of the broader "Medical Devices and Clinical Consumables" ("**MDCC**") category. ICU Devices were identified as one of the 31 priority supply chains, given their critical importance to public health and NHS resilience. A further four other supply chains in the MDCC category were also prioritised, namely Covid-19 testing, diabetes care, home care products, and ICU consumables **[JT/06; INQ000530436]**.

40 MDCC encompasses a wide range of hundreds of product types, ranging from complex devices (such as ventilators and dialysis machines) to simpler consumables (such as IV-lines). It was challenging to pull together an overview that adequately addressed the complexities of this category, given its breadth and diversity. However, many of the product types within it share several common supply chain characteristics and vulnerabilities. These include, for example, a reliance on foreign imports, concentrated overseas manufacturing bases, and the use of bespoke consumables for some equipment. It was therefore agreed with the Steering Committee that BCG would undertake a group-level assessment of the priority supply chains within the MDC category, except for Covid-19 testing, which would be analysed separately **[JT/06; INQ000530436]**.

41 In early May, we worked with representatives from the DHSC on the supply chain analysis for MDCC. The final analysis for MDCC concluded that only 'make' had the

potential for severe disruption **[JT/06; INQ000530436]**. This was because the UK was also highly dependent on foreign manufacturing for MDCC, with only a limited subset of critical products manufactured domestically. Many devices also required bespoke components, for which there were no direct substitution options in the event of a shortage in supply. The analysis classified both 'supply' and 'store' as "amber" (potential for short-term supply shortage).

42 The scenario testing noted that MDCC was a category particularly vulnerable to border closures, given the reliance on global supply, though this was partially alleviated by manufacturing presence in neighbouring countries. It also observed the risk of demand spikes, especially those not Covid-19 related since those spikes had largely been addressed for the short-term (through Nightingale hospitals, etc.). In the context of MDCC, demand spikes can be severe, given the complexity of the equipment **[JT/06; INQ000530436]**.

43 We also worked with the DHSC representatives on the potential mitigation actions for MDCC. Various potential mitigation actions were proposed for consideration, which were grouped into department-led, cross-Whitehall or 'transversal' efforts, a number of which were again, already in train or under consideration. Proposed mitigations included exploring: (i) reducing reliance on bespoke consumables through standardisation; (ii) increasing level of decontamination, re-use and re-manufacturing of limited-use items; (iii) incentivising global manufacturers to invest and develop manufacturing in the UK; (iv) increasing domestic manufacturing of adjacent industries (e.g., plastics at scale); (v) exploring encouraging disruptors in the markets with significant concentration risk; and (vi) taking a national procurement lens to spread concentration risk where there is over-reliance on a small number of suppliers **[JT/06; INQ000530436]**.

44 We also identified that ventilators and other human and veterinary medicines were at risk from potential supply chain fraud, because of the shortages of supply **[JT/06; INQ000530436]**.

45 This was the extent of our work on ICU devices in the course of Phase 1.

F. COVID-19 TESTING

46 From the outset of Project Defend, Covid-19 testing was identified as a key area for prioritisation for supply chain assessment – for obvious reasons; viral detection and anti-body tests were a critical component of countries' initiatives to detect and slow virus spread and to ease lockdown restrictions. While Covid-19 testing technically

fell within the scope of MDCC (for which, as I explained above, BCG undertook a category-level assessment), the Government was keen that testing be looked at separately, in light of the plans to scale it up as part of Test & Trace.

47 As with other workstreams, the Covid-19 testing analysis was undertaken at pace, with input from the DHSC. By way of context to this work, the Covid-19 testing process involves four distinct steps, with different inputs required for each: (i) sample collection (requiring swabs, tubes and PPE); (ii) sample transport (requiring insulation packaging and dry ice); (iii) RNA extraction (requiring isolation kits, sample tubes and pipettes); and (iv) PCR analysis (requiring instrumentation, testing kits, and PCR deep well plates) **[JT/06; INQ000530436]**.

48 The final analysis for Covid-19 testing noted that two supply chain stages were vulnerable to severe disruptions **[JT/06; [INQ000530436]**:

48.1 **Supply:** the UK had a high dependency on certain testing inputs from overseas. For example, almost half of swab suppliers were then based in critical, foreign countries (e.g., China), and over 75% of reagent suppliers were international.

48.2 **Delivery:** there was also a high risk of uneven distribution of supply testing inputs, creating bottlenecks. Any shortage of a testing input in a given lab bottlenecks their entire workflow, and the process of matching testing demand with resources in a given region is inherently complex.

49 The scenario testing noted the fact that there was the potential for severe disruption because of further demand spikes likely through the expansion of Test & Trace and this would require stretching of testing capacity through alternative, more complex means (e.g., saliva-based positive/negative PCR tests) **[JT/06; INQ000530436]**.

50 Following further discussions with the DIT and the DHSC, the mitigations proposed were grouped into department-led, cross-Whitehall or 'transversal' efforts **[JT/06; INQ000530436]**. Proposed measures included: (i) exploring broader training and infrastructure for point of contact testing in workplace and schools; (ii) exploring incentivisation of the commercial market to avoid proprietary reagents for Covid-19 tests; and (iii) investigating incentivising global manufacturers to produce in the UK.

51 This was the extent of our work on Covid-19 testing in the course of Phase 1, save what I briefly note in paragraph 57 below.

G. PHASE TWO OF PROJECT DEFEND

52 Following the conclusion of Phase 1 of Project Defend, further consideration and implementation of the proposed mitigations was handed over to the relevant Government departments, which in the case of each of PPE, MDCC and Covid-19 testing was the DHSC. It was recognised that it was important to strike the balance between keeping the central oversight that Project Defend was seeking to achieve, whilst also recognising the deep expert knowledge, resources, and, of course, in many cases the time that it would take to turn some of the proposed mitigations into action that could fundamentally transform supply-chain resilience, as well as in some cases, policy change.

53 During Phase 2, part of BCG's role was to assist with queries coming from those teams as they sought to progress that work, as well as to help facilitate ongoing cross Whitehall coordination with other strategic programmes, policies and governance groups.

54 Alongside this work, during Phase 2 we also developed a dashboard tool to track progress of the many mitigation actions proposed alongside developments that were likely to affect supply chains. I briefly explain more about this in Section H below.

55 34 new supply chains were also selected for consideration in Phase 2. These were chosen broadly by reference to the same criteria as those chosen in Phase 1 (see paragraph 23 above) but also by reference to an expanded economic criterion, which considered economic recovery in the longer term **[JT/02; INQ000530454]**. These 34 supply chains included 12 medical ones (none of which concerned the key healthcare supplies and equipment that I understand to be the focus of Module 5) and 20 non-medical ones, focusing on issues such as infrastructure, national security, and critical materials supply.

56 In addition to this work, as part of Phase 2 we again did some work looking at cross-cutting themes across the different supply chains, specifically looking at supply chain concentration through a country lens and through a product lens, here looking at the degree of dependency across different supply chain categories.

57 I do not believe that BCG undertook any further material or substantive analysis on supply chain management issues for any of PPE, ICU devices or Covid-19 testing as part of our Phase 2 work. Phase 2 did, however, include a very high-level "second spike" analysis, that highlighted which of the global supply chains analysed as part

of Phase 1 and 2 were most likely to be impacted by a second spike. PPE and Covid-19 testing were each identified as most vulnerable to demand spikes and supply-side disruptions, together with ICU consumables and medicines **[JT/02; INQ000530454]**.

H. A POSSIBLE FUTURE SYSTEM

58 As noted above, BCG's role in connection with Project Defend was confined to supporting on supply chain resilience analysis and mitigations rather than involving any specific procurement advice – in the sense of where or from whom to buy critical products – or distribution advice. Only three of the 65 priority goods considered over the course of Phases 1 and 2 concerned key healthcare equipment and supplies that I understand to be the focus of Module 5. In addition, BCG's involvement in Project Defend ended at the end of July 2020 and we did not have any visibility of how work on these issues thereafter proceeded. For all of these reasons, I think BCG's ability to comment meaningfully on a possible future system for UK Government procurement and distribution of key healthcare equipment and supplies is necessarily limited.

59 We did, however, as part of our Phase 2 work on Project Defend put together a dashboard tool, that we called the Resilience Tool, which was intended to show the Government how it might centrally monitor both progress of the many mitigation actions proposed and developments likely to affect supply chains, as I explain further below **[JT/02; INQ000530454]**.

60 A key part of Project Defend was to try to bring together information that was held by different Government departments and prioritise, co-ordinate and monitor the implementation of mitigation actions – particularly where this required a pan-departmental approach. To do that effectively, you need to share information centrally, ideally in as simplified a way as possible. For these purposes, the dashboard that we prepared proposed to track current and target resilience ratings, together with proposed timing for achieving those targets. The dashboard did this in a deliberately very simplified way, using red, amber, green ("**RAG**") coding – to provide teams with an at-a-glance view of the latest position, to assist in enabling quick identification of areas of greatest vulnerability, to help inform which actions should be prioritised across Whitehall.

61 The other important context to Project Defend was, of course, the pandemic – which meant a very fast-changing environment in which significant developments, such as

port or border closures, or export bans, could quickly have a significant effect on supply chain management. Monitoring these changes and responding to them as quickly as possible was an important aspect of building a more resilient supply chain and so the dashboard that we put together proposed monitoring a series of early warning indicators throughout the life cycles of the different critical products – from origin to consumption. These early warning indicators drew both on data that was already being monitored by Government departments (but perhaps not always known about or accessed by everyone within the Government to whom it could be relevant) and proposed additional areas where fresh monitoring would be required. Again, to provide an at-a-glance view, RAG coding was used to record where there were early warning indicators of concern.

62 The intention here was to build a proof of concept to help test whether this sort of dashboard was something the Government thought could work for them and be of use going forward. The dashboard therefore required manual updating and the proposal was that this would be done weekly by the different teams feeding into one central team that would own it. You could of course build a more sophisticated model that would draw on automatic data feeds in real time, where available.

63 We handed the dashboard over to Government teams at the end of Phase 2. By this point in time, we had mapped out the position across the 31 Phase 1 supply chains, identified 77 distinct early warning indicators, more than half of which were drawing on data already tracked by different Government departments, and the remainder of which required additional data to be tracked.

64 Following the handover of this dashboard at the end of Phase 2, we had no further visibility as to how, if at all, it was taken forward but a centralised tool or system that allows Government to track and monitor supply chain resilience and identify potential issues that may impact them at as early a stage as possible should, in BCG's view, support more resilient supply chain management in any future pandemic response.

I. BCG'S WORK ON TEST AND TRACE AND OTHER WORK

65 In addition to the work undertaken on Project Defend, BCG also provided advice and support to the UK Government in connection with Test & Trace. I understand that this work — which I was not directly involved in — spanned the period April 2020 through to February 2021, with most of it undertaken between April 2020 and October 2020.

66 BCG's work on Test & Trace involved a number of different workstreams including supporting on the initial programme design and launch of the integrated Test & Trace service including project management and oversight, working to improve and stabilise the service following that launch, later planning ahead to prepare for anticipated demand surges in winter, supporting on both central and community delivery of the service, and helping to refine efficiencies in the testing process. In early 2021, BCG was also involved in advising on the longer-term strategy for the Test & Trace service.

67 The BCG partners who led that Test & Trace work have confirmed that BCG did not at any time during that work provide any support in relation to the procurement of equipment or supplies relevant to Test & Trace.

68 For completeness, during the pandemic BCG also supported the Cabinet Office, the Department for Environment, Food and Rural Affairs ("**DEFRA**"), the Department for Education ("**DFE**") and BEIS, on other Covid-19 related projects:

68.1 The work for the Cabinet Office was undertaken between March through to December 2020, and involved supporting the Covid-19 taskforce with the creation of a Project Management Office, to coordinate and oversee various projects across different Government departments to respond to the pandemic.

68.2 We supported DEFRA with two projects. One was concerned with food supply chain management issues, and the other with delivery of food to those that were vulnerable and shielding. These were discrete projects that were completed in a matter of weeks between April and June 2020.

68.3 We worked with BEIS in June 2020 to assist with the development of a vaccine delivery strategy and provided some related operational support.

68.4 We also supported the DFE in relation to its creation of the Education Recovery Commission in the summer of 2021, led by Sir Kevan Collins. The work was to assist in developing a strategy for supporting education recovery post-pandemic.

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Johannes Thoms

Dated: 9 January 2025